

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

SERIAL NO. **10-049,529** FILED
APPLICANT

		CLAIMS									
		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
		IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.
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TOTAL IND.	4										
TOTAL DEP.	28										
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